

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT BAYFIELD COUNTY WISCONSIN		ENTERED Permit #:	17-0216
Date Stamp (Rec'd)	JUN 05 2017	Date:	6-15-17
Bayfield Co. Zoning Dept.		Amount Paid:	75 6-5-17
		Refund:	

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Telephone:	
Owner's Name: <u>Mack Hobbs</u>		Mailing Address: <u>1616 420th St. Twin Valley, MN 56584</u>	
Address of Property: <u>81315 Side Rd</u>		City/State/Zip: <u>Port Wing, WI</u>	
Contractor:		Contractor Phone: <u>Plumber:</u>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u>Plumber:</u>	
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)	
1/4, 1/4		Gov't Lot <u>2</u> Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:	
Section <u>06</u> , Township <u>49</u> N, Range <u>09</u> W		Town of: <u>District</u>	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <u>190</u> feet	
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/>		Distance Structure is from Shoreline: <u>190</u> feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/>		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Value at Time of Completion * include donated time & material <u>\$ 13,200</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>HT</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>HT</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>HT</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> <u>56129</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>123</u>	Width: <u>16</u>	Height: <u>16</u>
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Addition/Alteration (specify)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Accessory Building (specify) <u>Storage shed</u>		(<input type="checkbox"/> 12 X 16)	192
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Special Use: (explain)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Conditional Use: (explain)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Other: (explain)		(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mack Hobbs Date 6/5/17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mack Hobbs Date 6/5/17

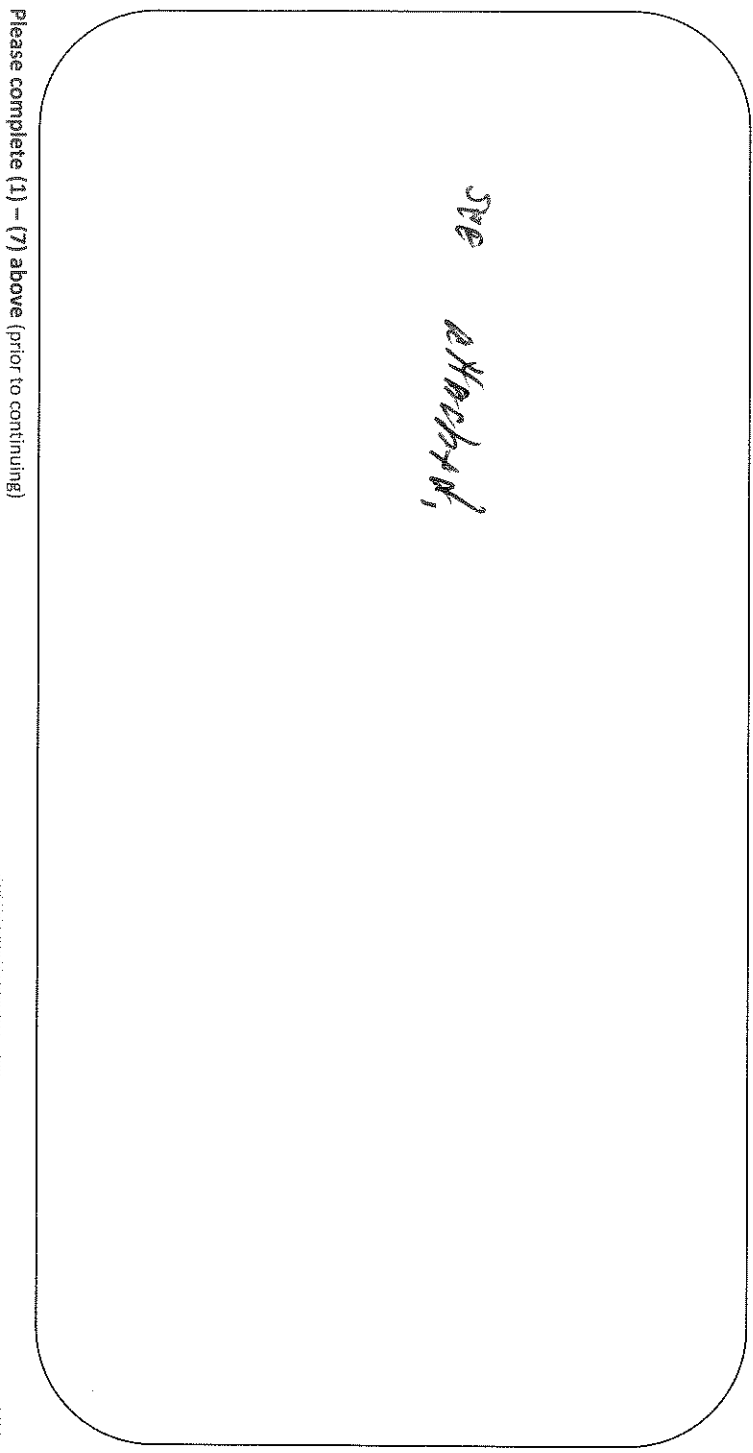
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Bayfield Co. Zoning Dept. Attach Copy of Tax Statement if you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	110 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1900 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1600 Feet	Setback from Wetland	35 Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-00910	Permit Date: 6-15-17	Falcon then 152				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.)			
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.)	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
<input type="checkbox"/> Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Inspection Record: Site Staked						
Date of Inspection: 6-13-17	Inspected by: DETROIT					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)						
Building shall not be used for human habitation or sleeping purposes.						
Signature of Inspector: [Signature]				Date of Approval: 6-14-17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

Bayfield County Web AppBuilder



June 5, 2017

Building

Corner Tie Sheets

Section Corner Monument on File

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map

Road Type

CFR

County

Federal

Private

State

Town

Municipal Boundary

Section Lines

Approximate Parcel Boundary

Meander Line

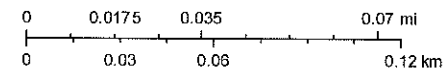
Tie Line

Rivers

Douglas Co Parcels

Ashland Co Parcel

1:1,566



Bayfield County
Bayfield

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0212** Issued To: **Mark & Rhoda Habedank**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **6** Township **49** N. Range **9** W. Town of **Orienta**

Par in
Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Shed (12' x 16') = 192 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 15, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Send packet back with fees (completed)

BAYFIELD COUNTY, WISCONSIN
APPLICATION FOR PERMIT
ENTERED
MAY 24 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0213
Date:	6-15-17
Amount Paid:	75.00
Refund:	5.25-17

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Terisa M. Olson</u>	Mailing Address: <u>P.O. Box 12</u>	City/State/Zip: <u>Port Wing, WI 54865</u>	Telephone: <u>W1</u>
Address of Property: <u>79170 Severson Rd</u>	City/State/Zip: <u>Port Wing, WI 54865</u>	Cell Phone: <u>715 813-9025</u>	
Contractor: <u>?</u>	Contractor Phone: <u>Plumber:</u>	Plumber Phone: <u></u>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>SE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): <u>25903</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2007</u> R- <u>517001</u>
Gov't Lot: <u></u>	Lot(s): <u></u>	CSM: <u></u>	Vol & Page: <u></u>
Lot(s): <u></u>	Block(s) No.: <u></u>	Subdivision: <u></u>	Lot Size: <u></u>
Section: <u>14</u> , Township: <u>49</u> N, Range: <u>9</u> W	Town of: <u>Oviesto</u>	Lot Size: <u></u>	Acres: <u>40</u>
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (line intermittent) Creek or Landward side of Floodplain? <u>?</u> If Yes---continue <u>→</u>	Distance Structure is from Shoreline: <u>4-125</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue <u>→</u>	Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$15,000</u>	Project: <u>?</u>	# of Stories and/or basement: <u>1</u>	Use: <u>Seasonal</u>	# of bedrooms: <u>1</u>	What Type of Sewer/Sanitary System is on the property? <u>Municipal/City</u>	Specify Type: <u></u>	City: <input type="checkbox"/> Well: <input type="checkbox"/>
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Holding</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32</u>	Width: <u>26</u>	Height: <u>12</u>
Proposed Construction:	Length: <u>32</u>	Width: <u>26</u>	Height: <u>12</u>

Proposed Use: <input checked="" type="checkbox"/>	Proposed Structure: <u>Principal Structure (first structure on property)</u>	Dimensions: <u>()</u>	Square Footage: <u></u>
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>()</u>	<u></u>
<input type="checkbox"/> Rec'd for Issuance	<u>with Loft</u>	<u>()</u>	<u></u>
<input type="checkbox"/> JUN 15 2017	<u>with a Porch</u>	<u>()</u>	<u></u>
<input type="checkbox"/> Commercial Use	<u>with (2nd) Porch</u>	<u>()</u>	<u></u>
<input type="checkbox"/> Secretarial Staff	<u>with a Deck</u>	<u>()</u>	<u></u>
<input type="checkbox"/> Municipal Use	<u>with (2nd) Deck</u>	<u>()</u>	<u></u>
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	<u>with Attached Garage</u>	<u>()</u>	<u></u>
<input type="checkbox"/> Mobile Home (manufactured date)	<u></u>	<u>()</u>	<u></u>
<input type="checkbox"/> Addition/Alteration (specify)	<u></u>	<u>()</u>	<u></u>
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole Garage</u>	<u></u>	<u>(26 X 32)</u>	<u>832</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<u></u>	<u>()</u>	<u></u>
<input type="checkbox"/> Special Use: (explain)	<u></u>	<u>()</u>	<u></u>
<input type="checkbox"/> Conditional Use: (explain)	<u></u>	<u>()</u>	<u></u>
<input type="checkbox"/> Other: (explain)	<u></u>	<u>()</u>	<u></u>

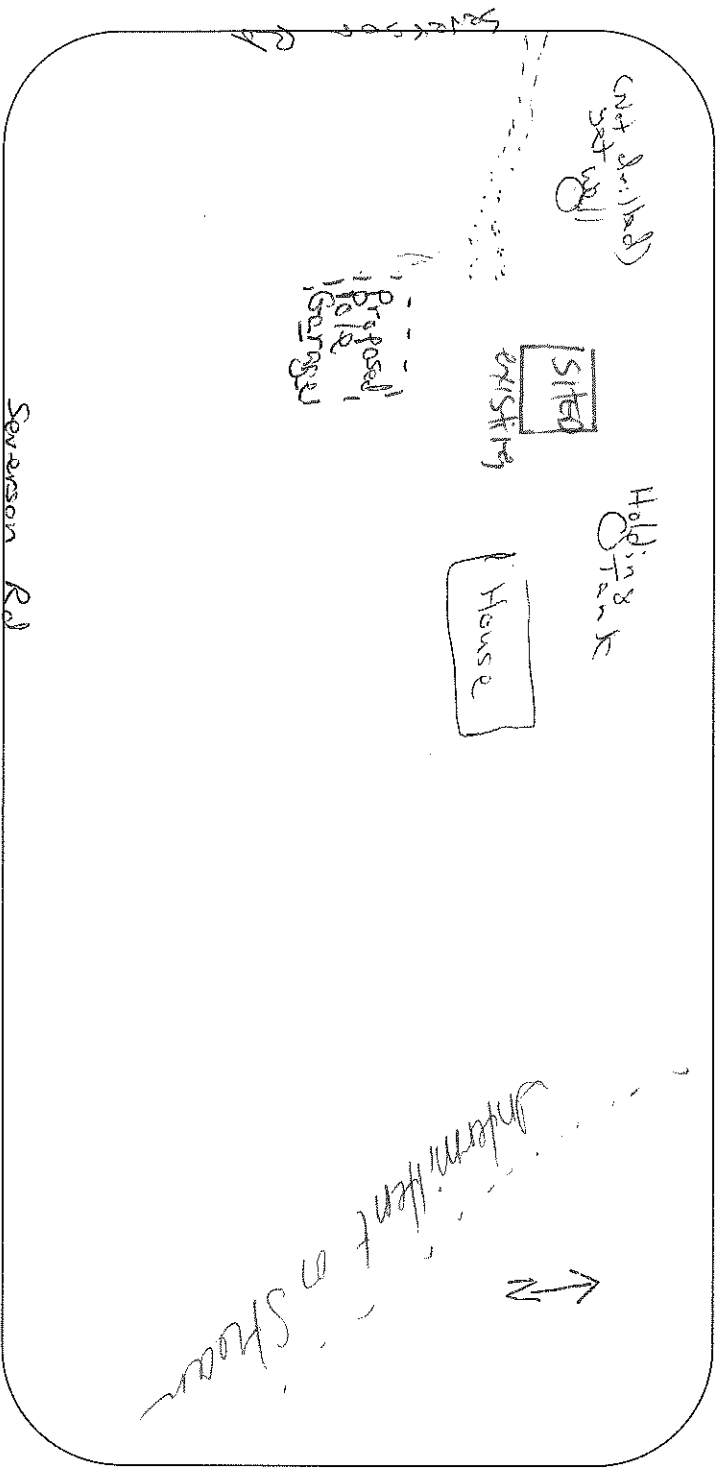
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Terisa M. Olson Date 5-24-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit P.O. Box 12 Port Wing, WI 54865
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Season Rd

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	600 Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200-150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	70 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 09-445	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0213	Permit Date: 6-15-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (F-1) Lakes Classification (N/A)	Date of Re-Inspection:
Date of Inspection: 6-13-17	Inspected by: J. Murphy		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)			
Buildings shall not be used for human habitation for sleeping purposes + shall not contain modern plumbing fixtures w/ connection to pressurized water			
Signature of Inspector:		Date of Approval: 6-14-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TRA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Town, City, Village, State or Federal
permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0213** Issued To: **Terisa Olson**

Location: **SE** ¼ of **SW** ¼ Section **14** Township **49** N. Range **9** W. Town of **Orienta**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Garage (26' x 32') = 832 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not contain indoor plumbing fixtures with connection to pressurized water.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 15, 2017

Date